Under the Paper work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application of Decide Number 2												
Substitute for Form PTO-875												
	, A	ED – PART I (C	PART I (Column 2)		SMALL ENTITY			OTHER SMALL	1			
	FOR	NU	IMBER FILED	NUME	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))						395			190	
	RCH FEE CFR 1.16(k), (i), or (i	m)) .				1 [·	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))						1 [
TOTAL CLAIMS (37 CFR 1.16(i))			minus 2	0 = •	•		x∂5=		OR	×50 =		
	EPENDENT CLA CFR 1.16(h))	IMS	minus 3	3 = •	•		× 100	,		×900		
APPLICATION SIZE sheets of FEE is \$250 (\$ additions			s of paper, the of the state of	and drawings he application small entity) fo tsportaction!! (G) and 37 CF	size fee due r each heifiots**See		: Et Phainsis	distribution of	ा श्रीतक	en de la companya de	Biring was seen seen	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
• If t	* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL											
9	/15 <u> </u> 0	APPLICATION AS AMENDE 15 5 5 5 5 Column 1) CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	(Column 2) (Column 3) HIGHEST		SMALL ENTITY RATE (\$) ADDI-		OR	OTHER THAN SMALL ENTITY RATE (\$) ADDI-		
AMENDMENT A		AFTER AMENDMEN	іт	PREVIOUSLY PAID FOR				TIONAL FEE (\$)			TIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	·31	Minus	31	=	Į L	× <u>35</u> =	·	OR	×50=		
N	Independent (37 CFR 1.16(h))	· 3	Minus	3	=	lL	×100=		OR	200 ₽		
٩M٤	Application Size	ze Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	360		
			•				TOTAL ADD'L FEE		OR	TOTAL ADD'L:FEE		
		(Column 1)		(Column 2)	(Column 3)	_						
ENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.186))	•	Minus	**	=	1	<u> </u>		OR	×Κ()=		
AMEND	Independent (37 CFR 1.16(h))	•	Minus	***	=		×100=		OR	200		
ME	Application Size Fee (37 CFR 1.16(s))									4		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						180		OR	360	·	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "3".											

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The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will 'vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

									Application or Docket Number				
	PATENT A	RD											
		10633468			46X								
CLAIMS AS FILED - PART I · (Column 1) (Column 2)									YIITY	OTHER THA			
TC	OTAL CLAIMS		31				R/	RATE FEE			RATE	FEE	
FC	R		NUMBER	FILED	NUMB	BAS	BASIC FEE 375.00		OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			3) min	us 20=	• 1	X	X\$ 9=		OR	X\$18=	198		
١NC	EPENDENT CL	AIMS	3 mi	กบร 3 =		×	X42=		OR	X84=			
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+1	+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	944	
	С					,	OTHER						
		(Column 1)		(Colur		(Column 3)	SM	ALL	ENTITY	OR	SMALL	ENTITY	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	R/	RATE TION			RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 31	Minus	+ 20	,	- 4	X	9=		OR	X\$18=	194	
	Independent	• 3	Minus	 3		=	X	12=		OR	X84=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			40=			+280=		
										OR	TOTAL		
		(Column 1)		(C-1	0	(O-t 0)	ADDI	r. FEE		OR	ADDIT. FEE		
		CLAIMS	0.75.20%	(Colur	EST	(Column 3)			ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRESENT EXTRA	R/	TE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		-	X	9=		OR	X\$18=		
¥	independent	* NTATION OF MI	Minus	SEMPENT	CLAIM		X	2=		OR	X84=		
					- CENTER		+14	1 0=		OR	+280=		
							ADDI	OTAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		-	XS	9=		OR	X\$18=		
	Independent	•	Minus .	***		•	X	2=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	707-		
. • ;	the entry in color	mn 1 is less than t	a entry in coh	mn 2 was	من جون ا	umo 3	+14			OR	+280=		
	If the "Highest Nu	mber Previously Pa mber Previously Pa	ed For IN THE	S SPACE &	s less that	20. enter "20."	T NGCA	OTAL FEE		OR	TOTAL ADDIT. FEE		
	The "Highest Nurr	ther Previously Pai	d For (Total o	Independ	ent) is the	highest number	found in	the ap	propriate box	in ca	lumo 1.		

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10633468

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA										THAN		
	TAL OLAMA		· (Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY
	TAL CLAIMS		31		998			RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	3/ min	us 20=	* 1			X\$ 9=		OR	X\$18=	198
INC	EPENDENT CL	AIMS	3 minus 3 = *			6		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		, ,	TOTAL	948
	C	LAIMS AS A	MENDED	- PAR	TII					,	OTHER	
		(Column 1)		(Colur	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus ***			=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
			TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE						
		(Column 1)			(DDN: FEE	<u> </u>		ADDII. FEEI				
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] [X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		¹	+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colur	mn 2\	(Column 3)	,	DDIT. FEE I		,	addit. Feel	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
§	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=]	X42=	-	OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEP	PENDENT	CLAIM		1 -					
•	If the entry in colu	mn 1 is less than th	entry in colu	nn 2, write	"O" in col	umn 3.	L	+140= TOTAL		OR	+280=	
100	If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THE	S SPACE	s less tha	n 3. enter *3."		DDIT. FEE			ADDIT. FEE	
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											